ARIZONA STATE BOARD OF HEALTH each : BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH Registered No STANDARD CERTIFICATE OF BIRTH District or Township 햠 (If birth occurred in a hospital or institution, give its NAME instead of street and number) PERMANENT RECORD If child is not yet named, make 2. Full name of child. supplemental report, as directed. 3. Sex of Child .. | 6. Legitimate? 4. Twin, triplet or other..... To be answered ONLY 7. Date be made for in event of plural of birth. births. 5. No., in order of birth. Month FATHER 14. Full maiden name 9. Residence 80 15 Residence (Usual place of abode) (Usual place of abode) 0 If non-resident, give place and state. If non-resident, give place and state. 16 Color or race 10. Color or race 17. Age at last birthday 18. Birthplace (city or place) 12. Birthplace (city or place). (State or country) (State or country) ø 13. Occupation 19. Occupation Nature of Industry Nature of industry Were precautions taken against oph-20. Number of children of this mother. (a) Born alive and now living... thalmia neonatorum? (b) Born alive but now dead ... (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of this child, who was m. on the date above stated (Born alive or stillborn.) \*When there was no attending physician Signature. or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. ㅎ Given name added from a supplemental report.... Month, day, year Registrar